



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 7999

SERIAL NUMBER 09/829,614	FILING DATE 04/10/2001  RULE	CLASS 705	GROUP ART UNIT 3624	ATTORNEY DOCKET NO. Unisphere-13/3
<b>APPLICANTS</b>  Luis Eduardo Gutierrez-Sheris, Ridgewood, NJ;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/174,646 01/05/2000  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/11/2001</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 18	TOTAL CLAIMS 30
Verified and Acknowledged	Examiner's Signature _____ Initials _____			INDEPENDENT CLAIMS 3
<b>ADDRESS</b> 007265 MICHAELSON AND WALLACE PARKWAY 109 OFFICE CENTER 328 NEWMAN SPRINGS RD P O BOX 8489 RED BANK , NJ 07701				
<b>TITLE</b> Money-transfer techniques				
FILING FEE  RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other	



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<b>SERIAL NUMBER</b> 09/829,614	<b>FILING DATE</b> 04/10/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> Unisphere-13/3
<b>APPLICANTS</b> Luis Eduardo Gutierrez-Sheris, Ridgewood, NJ;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/174,646 01/05/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 07/11/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 007265				
<b>TITLE</b> Money-transfer techniques				
<b>FILING FEE RECEIVED</b> 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
		<input type="checkbox"/> All Fees		
		<input type="checkbox"/> 1.16 Fees ( Filing )		
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )		
		<input type="checkbox"/> 1.18 Fees ( Issue )		
		<input type="checkbox"/> Other _____		
		<input type="checkbox"/> Credit		